

# Commonwealth of Virginia

## 2007/2008 Flexible Benefits Plan Program

### FRA Worksheets

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To figure out how much to deposit in your FRA, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FRA descriptions in this sourcebook for limits.)

**Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

#### **MEDICAL FRA WORKSHEET**

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

##### **UNINSURED MEDICAL EXPENSES**

Health insurance deductibles \$ \_\_\_\_\_

Coinsurance or co-payments \$ \_\_\_\_\_

Vision care \$ \_\_\_\_\_

Dental care \$ \_\_\_\_\_

Prescription drugs \$ \_\_\_\_\_

Travel costs for medical care \$ \_\_\_\_\_

Other eligible expenses \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\*  $\div$  \_\_\_\_\_

**This is your pay period contribution (whole dollar amounts only).** \$ \_\_\_\_\_

\* If you enroll after the plan year begins, divide by the number of pay periods remaining in the plan year based on the account's effective date.

#### **DEPENDENT CARE FRA WORKSHEET**

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

##### **CHILD CARE EXPENSES**

Daycare services \$ \_\_\_\_\_

In-home care/au pair services \$ \_\_\_\_\_

Nursery and preschool \$ \_\_\_\_\_

After school care \$ \_\_\_\_\_

Summer day camps \$ \_\_\_\_\_

##### **ELDER CARE SERVICES**

Day care center \$ \_\_\_\_\_

In-home care \$ \_\_\_\_\_

**TOTAL** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\*  $\div$  \_\_\_\_\_

**This is your pay period contribution (whole dollar amounts only).** \$ \_\_\_\_\_

\* If you enroll after the plan year begins, divide by the number of pay periods remaining in the plan year based on the account's effective date.

**At your request, your FRA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit.**